

Specified definition of a claim for each type of service:

<u>Type of Service</u>	<u>Definition of Claim</u>
1. Inpatient hospital services, other than services in an institution for Tuberculosis or mental diseases.	All services for one recipient within a bill.
2. Outpatient Services and Rural Health Clinic Services	A line item of service.
3. Other Laboratory and X-ray Services	A line item of service
4. Skilled Nursing Facility Services for individuals age 21 or older (other than services in an institution for Tuberculosis or mental diseases), EPSDT, and Family Planning Services and Supplies	A line item of service
5. Physician Services	A line item of service
6. Medical or other remedial care provided by licensed practitioners	A line item of service
7. Home Health Services	A line item of service
8. Private Duty Nursing Services	A line item of service
9. Clinic Services	A line item of service
10. Dental Services	A line item of service
11. Physical Therapy, Occupational Therapy, and services for individuals with speech, hearing, and language disorders	A line item of service
12. Prescribed Drugs, Dentures, Prosthetic Devices, and Eyeglasses	A line item of service
13. Diagnostic, Screening, Preventive, and Rehabilitation Services	A line item of service
14. Inpatient Hospital Services, Skilled Nursing Facility Services, and Intermediate Care Facility Services for individuals age 65 or older in institutions for tuberculosis or mental diseases.	A line item of service

State Plan

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<u>Type of Service</u>	<u>Definition of Claim</u>
15. Intermediate Care Facility Services, other than in institutions for tuberculosis or mental diseases	A line item of service
16 Inpatient Psychiatric Services for individuals under age 21	A line item of service
17. Any other medical care or remedial care recognized under State Law and specified by the Secretary.	A line item of service
18. Crossover	All services for one recipient within a bill.

State Plan

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